

PART B - FEE(S) TRANSMITTAL

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7590

10/26/2005

Jurgen Vollrath

588 Sutter Street # 531

San Francisco, CA 94102

01/24/2006 MGBREH2 00000045 10716277

01 FC:1501

1400.00 OP

02 FC:1504

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01/25/2006 MGBREH2 00000001 140448 10716277

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JURGEN VOLLRATH	(Depositor's name)
<i>J. Vollrath</i>	(Signature)
1/20/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10716,277	11/17/2003	Peter J. Hopper	P05732	6043

TITLE OF INVENTION: METHOD OF ETCHING A LATERAL TRENCH UNDER A DRAIN JUNCTION OF A MOS TRANSISTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	01/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRENTY, MARK V	2822	257-510000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 JURGEN VOLLRATH

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Semiconductor Corporation, 2900 Semiconductor Drive
M/S D3-579, Santa Clara, CA 95051

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee \$1400
- ☒ Publication Fee (No small entity discount permitted) \$300
- ☒ Advance Order - # of Copies Three

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 140448 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

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